ECORD_Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT, mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH #0785
1. PLACE OF DEATH	(8)
County June Levyly	Registration Dist. No. 246
Village or City	No. 3609 39 St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?
2. FULL NAME ROZALIA R. ME	ho
(a) Residence: No. 3608 7 9 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sury 2 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. PIHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Afra 2 1563	I last saw h. alive on Jam 2 1935; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 7
69 9 24 Iday,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Int handing
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and) Sanah in this	ander Remer Vacalor 1490
10. Date deceased last worked at this occupation (month and 928 spant in this 2090 occupation.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Gritish . Henry
13. NAME JOSEPH P. JULIA 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Annie Mu Woolls	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Menner of injury
Place Date 19	Nature of injury
19. UNDERTAKER W Worsen Parlament	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Co. 26, 1923 How hally Mr. S. Registrar.	(Signed) Harry halley M. D. (Address) Arry and M. D.
If more blanks are needed, address State Revistras	2411 N Charles Street Rallimore Requesting 71 S No.

112 (4)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	cample I	all regions to the same of the	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PP 19 3/10.0	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1, 1, 1, 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSTOLANS should state ECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, N. B.-

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	(93-2)
County On From	Registration Dist. No. 237
Village or City Zamul	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
MITEIN GERPORATE LIMITS CO. 2/ 12	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME // My AT OJUS	Rem
(a) Residence: No. Marie St. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDE	
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha	
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of Margaret E. Ja	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) any 9-183	I last saw h in alive on 1 - 30 ,193 ; death is said
	SS than to have occurred on the data stated above, at
73 S 21 1 asy,	hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
Z 8. Trade, profession, or particular	Data of oncet
kind of work dona, as SPINNER, Aung gust	Chrome Myrcardelin RI
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	Charrie Browner author
O 10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Alexania (State or country)	Other Cantributary Causes of importance:
# 13. NAME Wass & Barker	
14. BIRTHPLACE (city or town) - Messuary a J	Name of operation.
(State or country)	
15. MAIOEN NAME M Busha	What test confirmed diagnosis?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT W. C. Backer (Address) Annuel Man	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Affig Aug. Date Jan 31	Manner of injury Nature of Injury
19. UNDERTAKER DE MC COMMENTALE C	24. Was disaasa or Injury in any way related to occupation of decaased?
2/2272	If so, specify
20. FILED JOHN 31, 1933 M. Beasked	(Signad) 2 form M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

×

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastrocnteritis 1 year

ADDITIONAL SPACE FOR FURT	ER STATEMENTS	BY	PHYSICIAN
---------------------------	---------------	----	-----------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH.	10
County Trunce Learges	Registration Dist. No. 233
Village or City Naylor, Maryland	No. St. Ward
Length of residence in city of town where deeth occurred 140 yrs. 9 mos	death occurred in a hospital or institution, give its NAME instead of street and number) 9. ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Elinabeth D	3-00
	Ot Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gwrite the word)	21. DATE OF DEATH
remale while married	(Manth) (Dey) (Yeer)
5e. If married, widowed, or divorced	22. / I HEREBY CERTIFY, Thet I attended daceesed from
ton) WIFE of Odered Beall	Jan 25 133 to Xan 27 1933
6. DATE OF BIRTH (month, day, and year) March 25. 1884	(1 lest saw her alive on Jan 27 , 1933; death is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date stated above, at 1.2.20 m.
48 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	incephalific an
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month end	achle Arter Munamu
10. Date deceased lest worked et this occupation (month and spant in this	
year) occupation	Other Cautributary Causes of importance:
12. BIRTHPLACE (city or town) 1820 Webster Street	Other Cautionary Causes of Importance:
(Stata or country) Phila, Pa,	*
14. BIRTHPLACE (city or town) Wesford, Ireland	
14. BIRTHPLACE (city or town) Wesser, Freland	Neme of operation Data of
(State of country)	What test confirmed diagnosis? Wes there en eutopsy?
16. BIRTHPLACE (city or town) County Lippreary	COSCUT death wes due to externel causes (VIOL ENCE) fill in elso the following:
Stete or country)	Accident, suicide, or homicide?
Add S 10	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Pass (P) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Plece Marlows, Md. Date Jun 30, 1933	Nature of injury.
19. UNDERTAKER Ritchie Shothers	24. Wes disease or Injury In eny wey related to occupetion of deceased?
(Address) Retelie Station, me.	If so, specify 1 4 50
20 FILED Jan 27, 1933 Ernest M. Darnel	(Signed) Milleaux ATA bons M. D. (Address) Loan mill
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

664000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

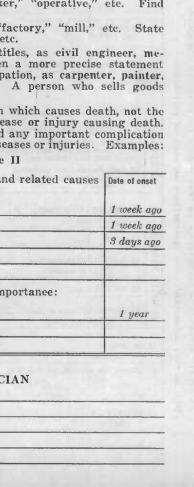
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	FFB 7 1933	1915	Attack of epilepsy	1 week ago
Chronie interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURFAU V. S.	Jaly 5, 1927	Peritonitis	3 days ago
Other contributory ea	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	Juby 5,1927	Peritonitis	3 days ngo
BUILDAU VIB.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(31)			
	Registration Dis	t. No. / 24 -	3
No. death occurred in a hospital or institution, ds. How long In U.S. if of force	give its NAME in	St.,	Ward
, Bond			
St., Ward.	If nonresident give	e city or town and	State
MEDICAL CER	TIFICATE C	F DEATH	
	and lonth)	(Day)	, 193 3 (Year)
I HEREBYC 195 I HEREBYC 195 I last saw h. & Y alive on to have occurred on the date stated as	Jan 6		
The PRINCIPAL CAUSE OF DEATH an were es follows:			Date of onset
Senile m	yocar	dilis	1931
Other Contributory Causes of important		rephritu	1931
Name of operetion		Date of	
23. If deeth was due to external causes (Accident, suicide, or homicide? Where did injury occur?	VIOLENCE) fill in Date Specify city or tow	also the following	,19
Manner of injuryNature of injury			
24. Wes disease or injury in eny way re If so, specify	it O	of deceesed?	no M.O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FED 0 1000	1915	Attack of emilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago	
	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	91	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921,	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00731
1. PLACE OF DEATH	
County June Lings	Registration Dist. No. 245
Village or City Ibefallfulle md	ND. Sacred Sear Struc St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foralgn birth?
2. FULL NAME Musa Ida Brown (a) Residence: No. Olacred Heart Home	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (*write the word)	21. DATE OF DEATH family 21, 193 (Month) (Day) (Year)
5a of married, widowed, or divorced	
(or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from
Date unknown 1855	Hast saw h. A aliva on Jan ' 20 19.3 3 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than	
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, 1
/8 O ormin.	ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	Combal abolis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	J. J.
10. Dato decaased last worked at this occupation (month and yoar) 11. Total time (years) spant in this occupation.	
12. BfRTHPLACE (city or town) - Woodstock Md (State or country)	Detar Contributory Courses of importance: Resture left ferry intertestination 1/3/3.
13. NAME Promell Brown	Fellout of the finale attempting to go to
	Lathroom Susses the night Cult.
(Stata or country)	Name of operation Date of
15, MAIDEN NAME Color Detty, Jenking	What test confirmed diagnosis?
I IS, MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicida?
17. INFORMANT Mrs. W. Restern Grason (Address) 14/2 Botton Ba. Md.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Wash. Alle Data aw 21, 1933	Nature of injury
19. UNDERTAKER W. Warren Hallovrep (Addrass) 3619-14 th. St. Vw.	24. Was disease or injury framy way related to occupation of daceased?
20. FILED an 21", 19 33 Mrs. Jos. Severe	(Signed) Museur Offallery 4 NEM. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of emilensi 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Village or City Well Length of residence in city or town where death occurred yrs. May 2. FULL NAME (Usual place of abode) STATE OF MARYLAND—CERTIFICATE OF DEATH (U77)2 Registration Dist. No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number yrs. mos. St., Ward. (Usual place of abode) If nonresident give city or town and State	
County County Village or City Beruff No. (If death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred The St., The St. of foreign birth?	
Village or City St., (If death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred yrs. By St., (If death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred yrs. By St., (If death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred yrs. 2. FULL NAME St., (If death occurred in a hospital or institution, give its NAME instead of street and number Length of residence in city or town where death occurred yrs. 3. How long in U.S. If of foreign birth? 2. FULL NAME St., (If death occurred in a hospital or institution, give its NAME instead of street and number yrs. By St., (If death occurred in a hospital or institution, give its NAME instead of street and number yrs. By St., (If death occurred in a hospital or institution, give its NAME instead of street and number yrs. By St., (If death occurred in a hospital or institution, give its NAME instead of street and number yrs. By St., (If death occurred in a hospital or institution, give its NAME instead of street and number yrs. By St., (If death occurred in a hospital or institution, give its NAME instead of street and number yrs. By St., (If death occurred in a hospital or institution, give its NAME instead of street and number yrs. St., (If death occurred in a hospital or institution, give its NAME instead of street and number yrs. St., (If death occurred in a hospital or institution, give its NAME instead of street and number yrs.)	
Length of residence in city or town where death occurred yes 3 mos. 2 ds. How long in U.S. If of foreign birth? yes. mos. 2. FULL NAME Veq Elizabette Brown.	_Ward
2. FULL NAME Vera Eliziabette Brown	
(a) hesitetice. No.	
(Usual place of abode) If nonresident give city or town and State	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	
Thewale Calasel OR DIVORCED (price the word) and any 29, 193	ear)
Solution of the standard of th	ed from
Z X Z S 6. DATE OF BIRTH (month, day, end year) October 2 7,1932 liast saw h alive on 19 death	h Is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date	
O T T AGE Years Months Oays If LESS than I day,hrs. Or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date	of onset
	OT OHSOL
SAWYER, BOOKKEPER, etc. 9. industry or business in which work wes done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this previous in this constitution (month and sense) in this con	37
Day of the deceased last worked et 11. Total time (years)	7.33
Shautti till?	
NECUNAL Span of this occupation (month end span in this occupation (month end span in this occupation occupati	
ZI S : 5 BIRTHPLACE (city or town) Washing fam , W	
12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 13. NAME 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Branchulle 14. Birthplace (city or town) 15. Branchulle 16. Branchulle	
Designation of the Backer of t	
(State or country) What test confirmed diagnosis? Wes there an autopsy	40
(State or country) What test confirmed diagnosis? Wes there an autopsyllable in the following: 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INVISTENT in PUBLIC BLACE Spe	9
Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT CHARACTER OF THE PUBLIC PLACE. (Address) 18. RIPIAL CREMATION OF REMOVAL	
Manner of injury	
E - H · H I Now / Market State	
Plece Date Langton, 19. Undertaker 19. Undertaker 24. Was disease or injury in any way related to occupation of deceased to	1
(Address) Mealbruelle Me de if so, specify TA Musty	
20. FILEO. CANDA 9 19 33 Mrs. Jas & svere (Signed) W. Willy Suffer, Course of Children Suffer (Signed)	ucati
If more blanks are needed, address State Resistrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo		
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gollstones	Moy1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor OCCUPA 1. PLACE OF DEATH pluods Registration Dist. No. Village or City (If death occurred in a hospital or in Is NAME instead of street and number) How long in U.S. if of foreign/birth?__ PHYSICIANS Langth of residence in city or town where death occurred (a) Residence: No. RECORD (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (wrise the word) mare (Month) (Day) (Year) PERM ANEN 5a. If married, widowed, or divorced HUSBAND of 22. C ERTI HY. That I attended daceasad from (or) WIFE of 6. DATE OF BtRTH (month, day, and year) certificate 7. AGE Years Months Davs If LESS than to have occurred on the data stated above. properl I day,hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importence or____min. were as follows: Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. it on 10. Date deceased lest worked at 11. Total time (yeers) this occupation (month and spent in this that occupation ... instructions 12. BIRTHPLACE (city or town) (State of country) FATHER 13. NAME 14. BIRTHPLACE (city or town plain (State or country) carefully What tast confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury CAUSE mation Netura of injury 24. Wes disease or injury in env way related to occupation of decaasad 19. UNDERTAKER (Address) If so, specify 20. FILED 1940. 76.19 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wage, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance;	ARI	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
(40)					

nfor- state JPA.	STATE OF M	ARYLAND-	CERTIFICATE OF	DEATH UUTS
• • • • • • • • • • • • • • • • • • • •	1. PLACE OF DEATH		(#E) .	9 11.
ould OCC	County ruse / 40	organ	R	egistration Dist. No. 240
item of should of OCC	Village or City Wauchy	weie.	No.	St., Ward
	Length of residence in city or lown where death occur	rad 9 yrs mos.		ign birth? yrs mos ds.
IAN	2. FULL NAME Mary Ele	rabeth &	have	
ECORD. Every PHYSICIANS xact starment	(a) Residence: No. The	Y	25 Ward.	
T H H	77-8000	The observer.		If nonresident give city or town and State
Xac P		E. MARRIED, WIDOWED.	21. DATE OF DEATH	IFICATE OF DEATH
A H		VORCED (write the word)	Vai	0 9 193.3
ed T EN	5a. If married, widowad, Alyaced	2	(Mo	onth) (Day) (Year)
MAN A C assifi	HUSBAND of (or) WIFE of	Lake.	1 HEREBY C	ERT IFY. That I attended deceased from
H WX D .	Commen	15 1857	I last saw h.S. aliva on	733
PE PE	6. DATE OF BtRTH (month, dat and year) 7. AGE Years Months D	eys. If LESS than	to have occurred on the date stated above	re a 5 a . m
FOR B IS A PE stated E properly	75 4 2	6 1 day,hrs.	The PRINCIPAL AUSE OF DEATH and	I ratated causes of Importanca
- 70	8. Trade, profassion, or particular	0 -	A a a	Oate of onset
ED be be cof	kind of work done as SPtNNER SAWYER, BOOKKEEPER, atc.		Mueun	12/2/3
RV ould may back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	- 11 - 12 - 17 - 1	0	
SE NA	0	. Total time (years)		
REG I	year)	occupation	Other Concibutory Causes of importance	
Z 4 2 3	12. BIRTHPLACE (city or town)	The same of the sa	1	
MARGIN UNFADI supplied. n terms, sc ee instruct	(State or country)	xana	Nearen	12/25/
	13. NAME LEY THE	une,		
E -= 00	14. BIRTHPLACE (city or town)	ne o	Name-of oparation	Date of
ullly pla		umv	23. If death was due to external causes (V	/IOLENCE) filt to also the following:
INLY, WTI be carefully EATH in pla	15. MAIDEN NAME 16. BIRTHPLACE (aity or town)			Data of injury
INLY, be car EATH imports	E (State of gountry)		Where did Injury occur?	
	17. INFORMANT CLUB ON	mus.	Spacify whather injury occurred in INDI	pecify city or town, county and State) USTRY, in HOME, or to PUBLIC PLACE.
Should OF D	(Addrass) Byandelle	www. mid		
	18. BUTAL REMATION, OR REMOVAL Place VEW FUEL MARCHANIA	Jan 11- 1933	Manner of injury	
-WRITE mation s CAUSE TION is	11 +191, 0/3	7	Nature of tnjury	
ma CA TIO	19. UNDERTAKER ATTIME (Address)	you	24. Was diseasa or injury in any way rela	ated to occupation of dacaased?
Ä. K	100	THE STATE	(Signed) Columb	Worver 5 Mi
> Z	20. FILED Jan. 10-, 1933 / Mrs. 9	Registrar.	(Addrass)	ushow mod
	If more blanks are		2411 N. Charles Street, Baltimore, Requestin	ng U. S. A. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

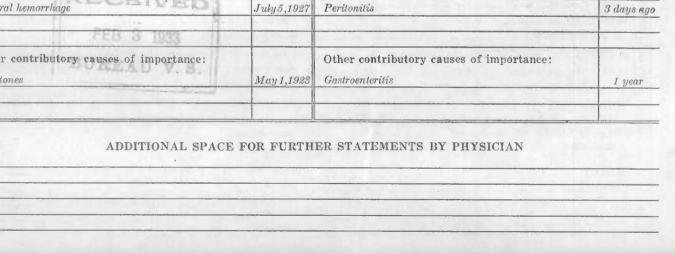
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death,-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
FEB 3 1933					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		



STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH 1000 JO. should Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?__ tatement mos.....ds. PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 1/ SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH ORCED (write the Pord) PERMANEN (Month) (Year) BINDING 5a. If married, widowed, or divorces HUSBAND of 1 HEREBY CERTIFY. That I attended deceased from (or) WiFE of B certificate. 6. DATE OF BIRTH (month, day 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at_____ 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of onset 8. Trede, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which may should work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month empyear) on 11. Total time (years) spent in this that occupation. instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) **FATHER** 14. BIRTHPLACE (city of Name of operation plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy?_ MOTHER 15. MAIDEN NAME TO = Accident, suicide, or homicide? 16. BIRTHPLACE (city or town DEATH mpor (State or country) Where did injury occur?___ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnous 17. INFORMANT OF (Address) 18) BURIAL, CREMATION AND THE Manner of Injury -WRITE CAUSE mation LION 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address) if so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis EIVEL	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SEE 8 1233				
Other contributory causes of importance: V. S	•	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state of OCCUPA-RECORD. Every item of infor-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, N. B.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

		STATI	E OF	MAF	RYLAND-	CERTIFICATE OF DEATH	795		
	1. PLACE OF	DEATH				92-2	0		
	County	Prince Ge	orges	County	7 •	Registration Dist. No. 23	7		
	Village or Ci	ty Laurel	Mary	land		No. Laurel Sanitarium. St. Ward			
			where doe	th convered		death occurred in a hospital or institution, give its NAME instead of street and not be death. How long in U.S. if of foraign birth?			
		ME Channi				yrsyrsmo	3GS.		
					atonsville l				
	(a) Residend	e: No.DIJOms	Dary	(Usual place		St., Ward. If nonresident give city or town and S	State		
	PERSON	AL AND STA	TISTIC	AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3.	SEX Male	4. COLOR OR RAC	CE S	SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH January 22 1933 (Month) (Day)	193		
5a	. If married, widowe HUSBAND of	ed, or divorcad					(Year)		
(or) WIFE of XXXXXXXXXXXX						22. I HEREBY CERTIFY, That I attended de February 22 132 to January 22	eceased from		
6.	DATE OF BIRTH (month, day, and year	July	28 185	57		; death is said		
7.	AGE Yaar			Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.45 Am.			
_	75	5		25	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
Z.	8. Trade, profess	sion, or particular ork dona, as SPINNI BOOKKEEPER, atc	er, Far	mine		Chronie Myocarditis	1070		
ATI	S. Industry or b	usiness in which					1932		
OCCUPATION	76	done, as SILK MILL ., BANK, etc	Agr	ieultu					
00	10. Date decease this occup	ation (month and	about	11. Total	time (yaars) ent in this 55 cupation				
12	. BIRTHPLACE (city	or town) Moss	Neck,	Va.		Other Contributory Causes of Importance:			
	(State or count	try)				Semility	1928		
JER	13. NAME Jan	nes P. Cor	bin						
FATHER	14. BIRTHPLACE	(city or town) Vi	rgini	.8.•		Name of operation NONE Data of	no no		
ER	15. MAIDEN NAM	Elizab	eth H	loomes		23. If death was due to external causes (VIOL ENCE) fill in also the following:	· opsyr		
15. MAIDEN NAME Elizabeth Hoomes 16. BIRTHPLACE (city or town) Virginia. (State or country)				ia.		Accident, sulcide, or homicide? NO Date of injury XXXX 19			
17.	. INFORMANT C1	inical Re	cords	, Laure	el Sanitari	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAN XXXXXXX) CE.		
18	BURIAL, CREMATI	ON, OR REMOVAL	Lows	on Pa	15 bened	Manner of injury			
	Place	2-1	9	Date _ Jan	124.1933	Nature of injury XXXXXX			
19	. UNDERTAKER	Www &	con	150		724. Was disaasa or injury in any way related to occupation of decaasad?			
	(Address)/2	17-17 Pa	ul	11 B	ally hed	If so, specify RO			
20.	FILED ass.	22,1933	17). Br	sheare	(Signed) J. U.J. Mew	M. D.		
1	1				Registrar.	(Address)			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	. 1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V.S.		•			
0					
Other contributory causes of importance:	×	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis *	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	BY PHYSICIAN	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
--	--------------	----	------------	---------	-----	-------	------------

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURLLU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH should Jo County Registration Dist. No. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. atement SCORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DO ORCED (write (be word) (Month (Day) (Year) 5a. If married, widowed, or divorcad HUSBAND of 22. CERTIFY That I attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATIO 9. Industry or business in which work was done, as SILK MILL, may back should SAW MILL, BANK, etc 10. Data decaased last worked at 11. Total time (years) this occupation (month and spent in this that year) occupation __ Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) 13. NAME FAT 14. BIRTHPLACE (city or town) Name of operation plain (State or country) carefully What test confirmed diagnosis? ----- Was there an au'opsy?____ MOTHER mportant. i. 23. If death was due to external causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?______ Date of Injury______ 19_ 16. BIRTHPLACE (city or town (State of country) Whera did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN shoul OF (Address 18. BURIAL CREMATION, OR REMOVA Manner of injury CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKI If so, specify Registrar. If more blanks are needed, address State Registrar, 24x1 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SDACE	FOR	PHETHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STAUE	PUR	FURIFIER	DIVITIMENTO	DI	TITTOTOTATA

BINDING

FOR

RESERVED

MARGIN

S. No.

County___

(or) WIFE of

3. SEX

7. AGE

OCCUPATION

FATHER

HE

13. NAME

17. INFORMANT

15. MAIDEN NAME

(Address) 18. BURIAL, CREMATION.

(Address)

16. BIRTHPLACE (city or town) (State er country)

Neture of Injury 24. Wes diseese or injury in any wey releted to occupation of deceesed? tf so, specify. (Signed). Registrar. (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did injury occur?

Menner of injury

23, if deeth was due to externet ceuses (VtOLENCE) fill In elso the following:

Specify whether injury occurred in INOUSTRY, in HDME, or In PUBLIC PLACE.

(Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
REPRESENT V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	de la constante de la constant	Example II	
The principal cause of death and related causes of importance were as follows:		of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TOUT V	11.0		
Other contributory causes of importance:	The second secon	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

A TO TO THE POST OF THE	CITY A CLYT	W7 () W)	WANT DARWER DARWER	CHEST & PRINTED BY WITH THE CH	That	TATETOUT OUT A NO
A DITTELL ON A L.	SPALE	RCI DES	TOTAL STATE HOLD	STATEMENTS	I C V	PHYSICIAN
CTECLT OF THE TAXABLE	DX AUX	T. OTE	T. O TO T TITLITY	FA T NET TATES THE TATE OF THE STATES AND THE STATE	T) T	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH UUSUZ
1. PLACE OF DEATH	23
County Traine George	Registration Dist. No. 2 7 6
Village or City Int. Sample	No. 7928 Sunda MI PSI Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrs	nosds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Mrs. almira amalen	- Jones
(a) Residence: No. 2928 Bunke Hill)	Roxe Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White	21. DATE OF DEATH anuary (Month) (Day) (Yaar)
5a. H. married, widowed, or diversed HUSBAND of (or) WIFE of CHARLES E. JONES	HEREBY CERTIFY, That I attended deceased from 1933, to 1935
6. DATE OF BIRTH (month, day, end year) Truse 9 1863	I lest saw her alive on an 1933 : death is said
7. AGE 69 Years Months Days If LESS than	
96 24 1 day,hi	
8 Trade profession or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jubercular/ Breumonia Jas 1108
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	1,122
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Denton, Jexas (State or country)	Other Contributory Causes of importance:
	Latte despresable of land
13. NAME MATTHEW GRAY 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of Date of What test confirmed diagnosis? Quito pay Was there an autopsy? He
15. MAIDEN NAME Guknown	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 15. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dato of injury, 19
17. INFORMANT A. N. Brewood (Address) 611-12 & St. 7. 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ala Hull Common Date Jan. 10, 1933	Natura of injury
19. UNDERTAKER In Sarcha John (Address) Systavely Ha	24. Was disaase or injury in any way related to occupation of deceased? . Abo
20. FILED aug 1,1930 Itany hally M. P	(Signad) and A Mariff M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

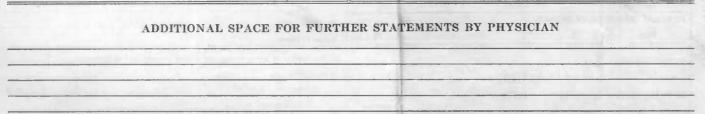
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1 week ago Arteriosclerosis 1915 Attack of cyilensy 1921 Run over by street car 1 week ago Chronic interstitial nephritis July 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year Gallstones





Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	distribute and the second seco	Example II	You and the same of
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURTHER STAT	EMENTS BY PHYSIC	IAN

V. S. No.

	CERTIFICATE OF DEATH 00803
1. PLACE OF DEATH	93-0
County Prince Georges	Registration Dist. No. 239
Village or City Laurel	No. Laurel Sanitarium St., Ward
(If Length of rasidenca In city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) 30 ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME George McKay Lawrence.	
(a) Residence: No. 27 Castleton Park St, St Geo.	rgest Statem Island, New York.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nhite S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH January 25 1933. (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Emily Lawrence.	22. I HEREBY CERTIFY, That Lattended deceased from December 26 1933 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year) NOV 25 1851.	I last saw h im alive on Jan 25 1933 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.30 A m.
81 2 xxxxx 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Clerk in bank	Myocarditis (Chronic) Nov 1 1932
SAWYER, BDDKKEEPER, etc. (Retired)	Myocarditis, (Chronic) Nov 1 1932
work was dona, as SILK MILL, DETUCING	
SAW MILL, BANK, etc	
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1926 spant in this 55 occupation occupation)	
New York City, N.Y.	Othar Cantributary Causes of importanca:
12. BIRTHPLACE (city or town) (State or country) New Yorke	Semility 5 years.
13. NAME Augustine Lawrence. 14. Birthplace (city or town)	WOWA TV
14. BIRTHPLACE (city or town)	Nama of operation. Date of Dat
(State of Country)	What test confirmed diagnosis Clinical examination no Was there an autopsy?
15. MAIDEN NAME Francis Powell. 16. BIRTHPLACE (city or town) New York.	23. If daath was due to axtarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) New York.	Accident, suicide, or homicide? Date of injury
State or country)	Where did injury occur? NONE
17. INFORMANT Clinical records. (Address) Laurel Sanitarium.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Q	none
Place Mashington DC Date Jan 25 1933	Manner of Injury 2000
m +- 1.41	Natura of injury
19. UNDERTAKER / Jackson 18 It plane	24. Was disease or Injury In any way ralated to occupation of decaased? 10
(Address) 1300 m st mwg.p.	If so, specify NOVE
20. FILED JAW 26, 1933 M. Brashense	(Signed) M. D.
Registrar.	(Aptipes) July

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

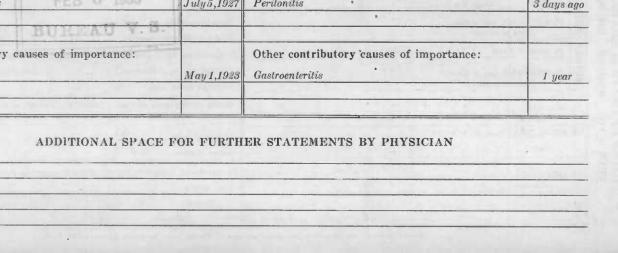
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year



ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 60804
1. PLACE OF DEATH	<u> </u>
County Dr. Silo,	Registration Dist. No. 2, 34
Village or City & hapel Holl	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
Mu 11 10 to	(+ 10 Lass)
2. FULL NAME / Matthews toutie	Dille Pory
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 33 Inknown, 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	no 1, 0/19 to 19
6. DATE OF BIRTH (month, day, and year) Auesu 15 1933	I last saw h alive on mo attempt and is said
7. AGE Years Months Days AT LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
Sul rorm land to ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) & hafsel Fail (State or country)	Other Contributory Causes of importance:
II 13. NAME Shorter.	
13. NAME 14. BIRTHPLACE (city or town) Colored Colore	Name of operation Date of
(State of country) Many Canal	What tast confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Mary agnit matthews	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many agnus matthews 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Many agnus many agn	Accident, suicida, or homicide?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place La Mayul Haill Date Jan 16, 1933	Manner of injury
19. UNDERTAKER Chas, Snowden	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED Jan 16, 1933 Pena Houst Registrar.	(Signed) Tema fourth Reg m. B. (Address) Piscalaucy I and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year



19. UNOERTAKER

20. FILEO ..

(Address)

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

ż

00805

,,,,	Registratio	n Dist. No. 2	35
Nodeath occurred in a hospital or institu	tion, give its NA	ME instead of street a	Ward number)
" Yrivore			
St., Ward.			
MEDICAL C	-	E OF DEATH	
21. DATE OF DEATH		L O. BLATT	•
	(Month)	(Oay)	, 193 3 (Yoar)
22 I HEREBY	CERTII	Y. That I attend	led daceased from
Nast saw h alive on	Jan	4	3.; death is said
to have occurred on the date state The PRINCIPAL CAUSE OF DEAT			
wara as follows:	M and Laistad ca	uses of importance	Date of onset
Influen	za		12 36 32
Other Contributary Causes of Impo			1/1/22
Ugen	ua		بدر اراد
Name of oparation		Oate of	
23. If death was due to external cau			
Accident, suicide, or homicide?			
Where did injury occur?			
Specify whether injury occurred in	(Specify city 1 INOUSTRY, In I	or town, county and S IOME, or In PUBLIC	State) PLACE.
Manner of injury			
24. Was disease or injury in any w	ay related to occu	pation of deceased?	mo.
(Signed) (Address)	1 Jen	my Sla	6 5 W. O

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

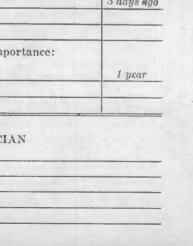
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 3 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURTAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



STATE OF MARYLAND-CERTIFICATE OF DEATH

6	11	5	7)	0
0	Y	0	U	. 1

1. PLACE OF DEATH	
County Prince George	Registration Dist. No. 236
Village or City Upper aparlbons Hot 1 Fax	enduille, mid. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary lane Mone	
(a) Residence: No. 14 per markor of #1 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended doceased from
6. DATE OF BIRTH (month, day, and year) October 2.2 1858	I last saw h Par alive on Jean 6 1933 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 9.5 Pm.
74 2 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	General arlericalelerous unhue
SAWYER, BOOKKEEPER, etc.	Elevorus Myseur ditia May 1922
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	July 16 432
O 10. Date deceased last worked et this occupation (month and 16/933 spant in this occupation cocupation)	
	Other Contributory Causes of Importance:
(State or country) Share Steams Co. Mid	
13. NAME John Duckett moore	
14. BIRTAPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? Was there en autopsy? Also
15. MAIDEN NAME any amelia Moore	23. If death was due to external causes (VIOL ENCE) filt in also the following:
O 16. DIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
b. Carlotte	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Seconder (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Forestrille Med Date Jenn, 19,, 1933	Nature of injury
19. UNDERTAKER UUICHUL Bros. (Address) Botto	24. Was disease or injury In any way related to occupation of deceesed?
That THILL	(Signed) Saul & Van Yatto M.D.
20. FILED Jan 1923 / Word . D. Suffesh	(Signed) Superstant DE 18#3 W.A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

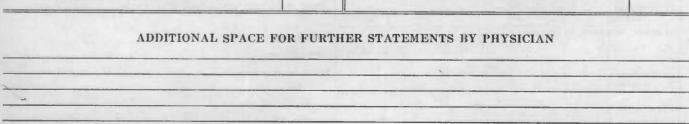
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	in and	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 7 1933			
Other contributory causes of importance:		Other contributory causes of importance:	- 14
Gallstones	May 1,1923	Gastroenteritis	1 year

other contributory causes of importa	ince; V. K.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL	L SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	

BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related car of importance were as follows:	uses	Date of onset
Arterioselerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis		3 days ago
BUREAU V. 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	F	1 year

7 3 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00809			
infor- state UPA-	1. PLACE OF DEATH	(46)			
	County 1200	Registration Dist. No.			
item of should of OCC	Village or City Wattoood	NoSt.,Ware death occurred in a hospital or institution, give its NAME instead of street and number)			
		ds. How long in U.S. if of foreign birth?yrsmosd			
CORD. Every PHYSICIANS ct statement	2. FULL NAME Coya addie, Perre	ė			
D. I	(a) Residence: No. 11/18twood Ind	St., Ward.			
RECORD, PHYS.	(Usual place of abode)	If nonresident give city or town and State			
Kac P	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH			
K. K.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	(Month) (Oay) (Yeer)			
IDING MANEN A C T I	5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from			
NI RM. X A clas	16 Mughe Ville	11111 10- ,1932, to Jan 1, 1932			
BIN PERM EX Iy cla	6. DATE OF BIRTH (month, day and year) 7 / 8 / 7 AGE Years Months Days I LESS than	to have occurred on the date stated above, av 1-20 Pm.			
FOR BI IS A PE stated E properly certificate	5C 0 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
FOR IS A state prope	8. Trade, profession, or particular	were as follows: . Oate of ones			
JD SID Pe	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rands.			
RESERVED G INK—THI GE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	J			
KK—' shoul it ma	SAW MILL, BANK, etc				
RESH G INI AGE SI that it	this occupation (month and year) ————————————————————————————————————				
7 4	12. BIRTHPLACE (city or town) My stwood Jule	Other Contributory Causes of Importence:			
MARGIN UNFADI supplied. n terms, so	(State or country)				
MARGI UNFA supplied n terms, ee instri	13. NAME I how theles Maylon				
MA H U sup in te	14. BIRTHPLACE (city or town)	Name of operation			
W	(Oldie of Country)	Whet test confirmed diegnosis? Wes there an autopsy?			
WITI WITI efully in pla ant.	15. MAIOEN NAME Marriaer Imme fourthuse 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:			
INLY, WI be carefu EATH in	O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19			
INI be EA/	Alexa Barrella Maria	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.			
PLAINLY, hould be can OF DEATH very import	(Address)				
	18. BURIAL, CREMATION OR REMOVAL	Manner of injury			
RITE tion strong USE ON is	Place / Ladiu Madate Jan 14, 19.33	Nature of injury			
-WRITH mation s CAUSE TION is	19. UNOERTAKER A. L. Laurices (Address)	24. Wes disease or injury in eny way related to occupation of deceased?			
S. No.	O LANG TANG	(Signed) IN Marient M.			
> Z	20. FILED LAN 13., 1934 OMESE W. FARMER. Registrar.	(Address) Aquares und			
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	land and the state of the state	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial ne	phritis	1921	Run over by street ear	1 reek ago	
Cerebral hemorrhage	FFR 7 1933	July 5,1927	Peritonitis	3 days ago	
	BURNAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroentcritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1933.

199 2

(Year)

Oate of onset

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDIN

MARGIN RESERVED

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

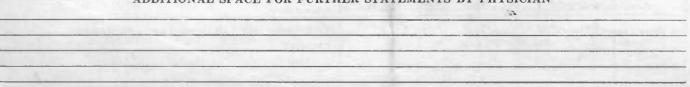
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II		
The principal cause of dea of importance were as follows:	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	VURTUE	T**			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
A STREET OF STREET					



STATE OF MARYLAND—CERTIFICATE OF DEATH

60818

1. PLACE OF DEATH	1970 I
County Truck Searge	Registration Dist. No. 2 40
Village or City Oscor Trill	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
2. FULL NAME Hazel Prosto	Di artita a a a a a a a a a a a a a a a a a a
(a) Residence: No. Assaesstea DC RHY (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Jack 25 , 198 3 (Year) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 3 1932	I last saw her alive on Jan 24 1933: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$3. A.m.
22 1 day,hrs	meta as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Branchopenennoma Jan 22
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this excuration (month and	-
work was done, as SILK MILL, SAW MILL, BANK, etc.	
2 paint in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). Clarify (State or country)	ukunen
- Againgtone	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME There Queen	What test confirmed diagnosis?
15. MAIDEN NAME The Company of the Mayya Co.	Accident, suicide, or homicide?
(State or country) Maryluful.	Where did injury occur?
17. INFORMANT Colres Trector (Address) Conacorla DE R#4	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMDYAL	Manner of injury
Place (3 1120 Lv. 114 Dato 1 26., 1933	Nature of injury
19. UNDERTAKER Thousand Procles acting	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Amar Market	If so, specify
20. FILED Jane. 76, 1933 Mus. J. A. Druth	(Signed) Saul & an Hallo M. D. (Address) Quagastia, RC W# 3

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURDAD				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			435-0.11	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00814
1. PLACE OF DEATH	(21)
County Truce George,	Registration Dist. No. 435
Village or City Upper Marlodes 141.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Thelma Lee Richard	No. 1018 th 0.5.11 of 1010181 birthing.
711/22/1	and Desil
(a) Residence: No. Upply Marlboro RH / Yye. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Ten while single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Dec 1937 to Jan 9 1933
6. DATE OF BIRTH (month, day, and year) Dec 2 1911	I last sew h er alive on fam 7 ,1933; death is said
7. AGE Years Months Days It/LESS than	to have occurred on the date stated above, at
2/ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Gulmonary Kmarrhage 1/9/33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Cruses of importance:
12. BIRTHPLACE (city or town)	Bulmorary Tubesculous 1931
(State or country) Sprince George Co. Md.	7
13. NAME Warren Beng, Richardin	
(State or country)	Name of operation Date of Date
15. MAIDEN NAME Man 2 Sugaran	What test confirmed diagnosis? X. Ray A Chest., Was there an autopsy? 200.
The state of the s	23. If death was due to external causes (VIO) ENCE) fill in elso the following:
2 16. BIRTHPLACE (city or town) (Stete or country) Maryland	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT Warren B. Rechardion	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Upper Marlbora RHI Md	
18. BURIAL, CREMATION OR REMOVAL MIND PAR 1/11/1 33	Manner of injury
Place Tourist Mill Date 1999	Neture of injury
19. UNDERTAKER Thomas F. Murayo for.	24. Was disease or Injury In any way related to occupation of deceased?
(Address) 2007- Micholo Cul S.E.	If so, specify
20. FILED / - 10 - 1933 Thos. D. Geiffille.	(Signed) Jack Can Halto M. D.
Registrar.	(Address) Usia Coolin W.C. 77 0,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1 week ago
1 week ago
3 days ago

Inportance:
1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 60815
1. PLACE OF DEATH	6.E)
County muce Levisis	Registration Dist. No. 234 234
Village or City Silesia	No. St., Ward
Length of rasidence in city or town where death occurredyrsmos.	death occurred in a hospitafor institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
The state of the s	ideil
(a) Residence: No. Salesia Mid (Qualplace of abode)	2 St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) William (Color of the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of What Rudsit	22. I HEREBY CERTIFY, That I attended daceased from 14 1938 to Jan 16 1933
6. DATE OF BIRTH (month, day, and year) May 34 1867	I last saw h _ alive on _ fam / 16 _ 1933 ; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated abova, at . I
8 Trade profession or particular	Carlos / Hamorshage, 1/1983
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and	
O To. Date deceased last worked at this occupation (month and year) spant in this occupation (coupation occupation)	
12. BIRTHPLACE (city or town) Rengusdorf (Stata or country)	Other Contributory Causes of importance Forter 47495
I 13. NAME Joseph Stein	
13. NAME Super Steins 14. BIRTHPLACE (city or town) Ranging dorf (State or country) Ranging dorf	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Francis / Kaspin	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Rungualty (State or country)	Accident, suicida, or homicide?
17. INFORMANT Consultance M. Stein (Address) quaevatia, 26 - R R 2	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Broad Cruek, Med. Date 1/18 , 1933	Manner of Injury
19. UNDERTAKE Thomas of Munayoson (Addrass) Washington,	24. Was disease or Injury In any way related to occupation of deceased? If so, spacify
20. FILED 1/17 , 1933 50 Minear Registrar.	(Signed) Outhorn M Muly M. D. (Addrass) 32/1 5 5 1 Mark 96.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
MUNICIPALITY	DI AUE	T. OTF	T. O.K. T. H. T.	O T NET TRIBITION TO	17 1	TILLBIOLOGAM



ECORD. Every item of infor-PHYSICHANS should state H UNFADING INK-THIS IS A PERMANEN

Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Example TION is very important. See instructions on back of certificate. N. B.—WRITE PLANLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00816
1. PLACE OF DEATH	
County Truce Leorge	Registration Dist. No. 243
Village or City Gowie ma	No. St., Ward
Length of residence in city or town where death occurred 22: yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Henry Shepard	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, of divorced HUSBANO of	21. DATE OF DEATH (Month) (Oay) (Year)
(or) WIFE of Wary Shepard.	22. I HEREBY CERTIFY, That I ettended deceased Irom, 19, to
6. DATE OF BERTH (month, day, end yeer) unknown	I last saw h; deeth is said
7. AGE Yeers Months Oays II LESS then 1 dey,hrs.	to have occurred on the dete steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frede, profession, or perticular kind of work done, es SPINNER, track Carbours SAWYER, BODKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked et this occupation (month end this occupation (month end occupation). 2. Trede, profession, or perticular and the perticular size of the course occupation. The perticular and the pertic	of heart factors
12. BIRTHPLACE (city or town) Wardtown. (Stete or country) Vinginia	Other Coutributory Causes of importance:
13. NAME She pard 14. BIRTHPLACE (City or town) unknown	Name of operation Dete of
(Stete or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME) dester Church	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Ward town	Accident, suicide, or homicide?, 19, 19
27. INFORMANT () Clean Sugard. (Address) 1117 Mentle ave Halto, Md	Where did injury occur? (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL PIECE Down Date Jan 8 , 1933	Menner of injury
19. UNDERTAKER Wood (Address) Mileneling	24. Wes disease or injury in any wey releted to occupation of deceased? It so, specify
20. FILEO GM 7 , 19.33 TEfremant und Registrar.	(Signed) Morry I William (Address) Bours Mig. acting Coroner.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

. A Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

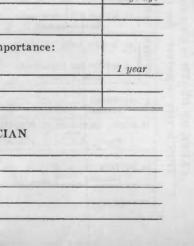
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDICTONAL	CDACE	EOD	THE THE PARTY OF T	STATEMENTS	DV	DIIVCICIAN	T
ADDITIONAL	SPAUL	ruk	FURTHER	STATEMENTS	DI	FILISICIAN	N.



STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods Registration Dist. No. Village or City (If death occurred in a hospitahor institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How dong in U.S. if of foreign birth? ______yrs. _____mos. ____ds. ECORD. Every statement PHYSICIAN (Usual place of shode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR DR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word) 21. DATE OF DEATH (Month) (Oay 5a. If married, widowed, or divorced HUSBANO of CERTIF Y. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months If LESS than Days and related duses of Importance or min. 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. OCCUPATION JO may Industry or business in which plnods work was done, as SILK MIL SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and occupation instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 15. MAIOEN NAME 23, if death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, sulcide, or homicide?______ Date of Injury______ 19_ (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. pluods 17. INFORMANT. (Address) OF 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of Injury mation CAUSI NOIL 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) if so, specify (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

MARGIN RESERVED

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

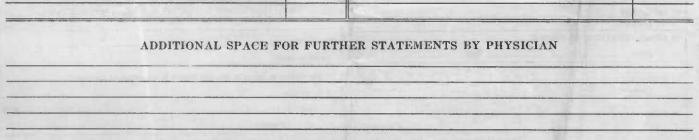
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year



PHYSICIANS RECORD. Buery A PERMANEN MARGIN RESERVED FOR BINDING EX stated WITH UNFADING INK-THIS AGE should supplied. carefully plnods

ż

state

County Prince Georges. Village or City Laurel					Registration Dist. No. 23	1
					No. Laurel Sanitarium. St.	War
	esidance in city or town w	here deeth	occurred	yrs 5 mos	f death occurred in a hospital or institution, give its NAME instead of street and nu	
	AME Henry E					
				. Clarksbu	argst, W. Vaward. Clarksburg, W. Va. If nonresident give city or town and S	iate
PERSO	NAL AND STAT	ISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACI	5.	SINGLE, MAR OF DIVORCE	RIED, WIDOWED, D ("write tha word)	21. DATE OF DEATH January 25 1933.	193
5a. If marriad, wide HUSBANO of (or) WIFE of	owad, or divorcad Single				22. I HEREBY CERTIFY. That I attended de	(Yaar) eceasad fro
			18	363	4m 7cm 25 1077.	19
	i (month, day, end yaar) aars Monti	ns I	Days	If LESS than	to have occurred on the data stated abova, at 10.50 ma. M.	daath is sa
69	xxxx		XXXXXX	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:	Oate of onse
8. Trede, pro	fession, or particular work dona, as SPINNE R, BOOKKEEPER, atc:	Farmi	ne.		Organic Disease of the Brain,	
SAWYE 9. Industry of work work work work work work work work	r business in which	Acmie	n l tune		Cerebral Arterio selerosis. Aug	1-192
SAW N	r business in which vas done, as SILK MILL, IILL, BANK, atc				1928	
this oc	ased last worked at cupation (month and 19	25	11, lotal t	ime (years) nt In this 50		
12 DIRTHRI ACE	albu an barras				Other Contributary Causes of importanca:	
12. BIRTHPLACE (Stata or co	ountry) West	Virg	inia.		Hypostatic Congestion of the Lungs	
13. NAME	no informat	ion			Jan 23 1933.	
A 14. BIRTHPLA	CE (city or town) or country)				Name of operation NOME Data of	MO 10
15. MAIOEN N	IAME no info	rmati	on•		23. If deeth wes due to external causes (VIOLENCE) fill in also the following:	7,77
6 16. BIRTHPLA	CE (city or town)or country)				Accidant, suicida, or homicide 2000 Dete of Injury	
17. INFORMANT Clinical Records. (Addrass) Laurel Sanitarium.					(Specify city or town, county and State) Specify whethar Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Date Jaw 26, 1933					Manner of Injury NONG Natura of Injury NONG	
19. UNOERTAKER .	W.C.W	hete	of Co	Inc.	24. Was disease or Injury in any way ralated to occupation of dacaasad?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Bodrass) Salul

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
PECETAGE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	207-110
County I rince Leonges	Registration Dist. No.23/
Village or City Near Tured	No. St Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Pentanoun	
(a) Residence: No. Zuknou	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word)	21. DATE OF DEATH January 27 1, 193 3 (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attandad deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
approximately of grs ormin.	wara as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	tourd on 1 11 11
9. Industry or businass in which work was dona, as SILK MILL, CSAW MILL, BANK, atc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (yaars) spent in this occupation yaar)	NORS
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Skeyl
(State or country)	broken neck
14. BIRTHPLACE (city or town)	n right leg
14. BIRTHPLACE (city or town)	Nama of oparation Allrageone Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If daath was dua to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suiside, or homicide?
X (Stata or country)	Whara did injury occur?
17. INFORMANT Canalysis Jasely (Addrass) Radian Lung	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dlade me trug Date / 24 19 3	Natura of injury
19. UNDERTAKER Colors Opaschio Sous	24. Was diseasa or Injury in any way ralatad to occupation of deceased? If so, spacify
20. FILED Jan 31, 1933 Neled Stack Registrar.	(Signad) Hole V. C. aleman, Coloner M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		'	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	0	Registration Dist. No. 231		
County Prince	Jeorge			
Village or City 034ad		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos, ds		
7	12000			
2. FULL NAME	njenoun			
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jour 28, 1933. (Month) (Day) (Yaer)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased fro		
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,	I last saw h; death is sai to have occurred on tha date stated above, atm.		
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	Manylana Dihar Contributory Causes of importance:		
12. BIRTHPLACE (city or town) WY YA (Stata or country)	11	-		
13. NAME 14. BIRTHPLACE (city or town)	Ŋ	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	11	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?		
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Description	Jone Helm, 1933	Manner of injury		
19. UNDERTAKER & Jacker (Address) Blaker 20. FILED Fleb 1 , 1933	lis a Source Jud Select Stack	24. Was disease a infury in day a related to occupation or deceased? Correct for specify (Signed) Physical December 1997 M. (Address) 1-1 and 1997 M. (Address) 1-1 and 1997 M.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	555 0 000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURDATI V.S.	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				Lawrence L.